MURCA	R LIVES
5	Cst.
Gol	CLUB

MURCAR LINKS GOLF CLUB

Murcar Membership Application

The Secretary Murcar Links Golf Club Murcar Bridge of Don Aberdeen		
AB23 8BD	Please Use Block Letters when completing this form	
Title Full Name		
Address		
	Postcode	
Date of Birth	Occupation	
Telephone: Home	Work:	
E-mail address		
I desire to join the membership of MURCAR LINKS I make this application subject to the terms of the C		
Signature:	Date:	
If a previous member of this Club give dates	: From: To:	
If you are, or have been, a member of anoth	er Golf Club state:	
Name of Club: Cl	ub SSS Handicap Index	
We, the undersigned, believe the appression of the appression of the appression as an extension of the section as a section of the section as a section of the section o	-	
Proposed by:	Signature	
Seconded by:	Signature	
Seconded by:	Signature	
Applicant known to Proposer for	Years	
For Membership Committee Use Only		
Date Received: Posted on Noticeboard From:	To:	
Date: Council Meeting Approved / Not Approved / Further Enquiry* SERIAL NO		